

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/19/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

OFFICE OUTPT EST 15 MIN, 99213

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
- ☒ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

ODG Guidelines  
Medical Record Review, Dr. 02/12/08  
Office note, Dr. 06/29/09  
Adverse Determination Letter, 1/21/10  
Reconsideration of Adverse Determination, Dr. 02/24/10

### PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his neck on xx/xx/xx. He was driving a when he hit an awning striking the door and side window and suffered a cervical sprain. A medical record review of 02/12/08 concluded that the claimant had spondylosis, degenerative disk disease and intervertebral foraminal stenosis bilaterally in the neck at 2 levels but medical records state this was preexisting prior to the claimant's date of injury of xx/xx/xx. The diagnosis that was related to the injury was a Grade 2 cervical sprain/strain. Dr. saw the claimant on 06/29/09 and observed that the claimant came in for his usual follow-up. The claimant complained of a significant amount of neck pain with radiation into his arm. He was at maximal medical improvement. On examination, Dr. noted that the claimant had pain into left arm with weakness. His recommendation was to continue the claimant's medications and for the claimant to follow-up in five months. Two peer reviews have non-authorized a followup office visit with Dr..

### ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

The medical records reflect that this claimant has been seen by Dr. on 06/29/09. It also reflects within this note that the claimant should be seen back within five months. This review is regarding the medical necessity of 15 minutes for a patient office visit. Certainly when medically treating somebody, an office visit is medically necessary to establish a history of

present symptomatology and perform an examination to reach a medical decision about further treatment and care. Per ODG guidelines, the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. Based on the medical records and the ODG guidelines, the reviewer finds that medical necessity exists for OFFICE OUTPT EST 15 MIN, 99213.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)